

REPORT,
TOGETHER WITH
RULES AND REGULATIONS
OF
Saughton Hall
PRIVATE LUNATIC ASYLUM,
NEAR
EDINBURGH.

NOVEMBER 1, 1840.

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1840.

Attending Physician,

DR. SMITH.

Resident Physician,

DR. LOWE.

Chaplain,

REV. DONALD CAMPBELL.

Matron,

MRS. CRICHTON.

Housekeeper,

MRS. SEMPLE.

SAUGHTON HALL.

ON my accepting the appointment of Medical Superintendent of this Asylum, I found that although the Institution had existed for many years, during which time it had enjoyed an uniform success, there was yet no fixed code of Regulations by which the different officers and servants were to be guided in the performance of their duties. That such a code must be eminently useful in every similar institution, will be obvious to all; and on my suggesting to the attending Physician (Dr. Smith) the necessity of constructing one, he not only entirely concurred with me in opinion, but gave me that most able assistance, which from his long and extensive experience he was so well able to afford.

From the circumstance of this Establishment being exclusively designed for the reception of Patients of the higher ranks, and also from its being a strictly private Asylum, it is obvious that the rules and regulations instituted by the more public institutions, can be but partially adapted for the regulation of one which has for its object the relief of one class of society only. The following rules, however, have not been constructed without previously consulting those published by the Glasgow, Dundee, Dumfries, and other asylums equally celebrated; and where the rules of these institutions have appeared to us well calculated for the regulation of that to which we belong, they have been unhesitatingly adopted. We have by this means availed ourselves of all the more modern improvements, which later years and experience have shewn to be useful.

Before inserting the proposed Rules, it will only be satisfactory to those interested in this Asylum to give a slight

and very general account of this Establishment,—the advantages afforded by it,—and the kind of treatment employed for the restoration of those placed under its roof. We feel, indeed, that those who have entrusted their nearest and dearest friends to our care, are entitled to demand from us some account of that Establishment, upon the management of which the welfare and temporary happiness of their relatives depend. They will in this way be made to feel, that they are themselves participating as it were in the means employed to restore those, whom from mental bereavement they have been so reluctantly compelled temporarily to seclude from society. The friends of those in whom restoration to health may be looked for, will thus have the satisfaction of knowing that every means which humanity and experience have suggested for the recovery of those afflicted with mental disease, is at our command: while the friends of those to whom little hope remains of restoring health, will yet have the happiness of knowing that every thing is done which can soothe and relieve those, who, in whatever rank they may be, are of all others, objects of peculiar sympathy and enlightened compassion. It is from these motives that we are induced to present the statements that follow, which appear to us more peculiarly warranted, as there has hitherto been no official account published of this Asylum.

It has been already observed, that “Saughton Hall Private Lunatic Asylum,” is intended for the reception only of the higher classes of society; and to render it as much as possible a curative establishment, the present house has been very considerably enlarged, and baths of the best construction, airing galleries, and other conveniences, been added. The House itself is situated about two miles from Edinburgh on the south Glasgow road: it is surrounded by a park interspersed with fine old wood, and has all the appearance of a private mansion. The scenery around is particularly beautiful. On the north is the finely wooded Hill of Corstorphine, with the beautiful seats of Beechwood and Belmont; on the south and west are Collinton woods and the Pentland Hills; while to the east stands Edinburgh Castle and

Arthur's Seat ; forming on the whole a series of picturesque views rarely commanded by any one site. The grounds immediately adjoining the house are tastefully laid out, and so disposed as in a great measure to conceal the boundary wall. The gardens are extensive, and well stocked with fruit, flowers, and vegetables, to which the Patients with their attendants have free access. Besides these, are two airing courts where Patients of every class may at all times resort, and which, while perfectly secure, admit at the same time of exercise and the use of out-door amusements. One of these courts is now in the course of being laid out as an ornamental garden, which is to belong to those gentlemen who may take pleasure in the cultivation of flowers, and to be entirely at their own disposal. Many other improvements are at present in contemplation, among others that of forming a drive within the grounds. We shall thus be able to afford carriage exercise to Patients, without the danger of encountering the inquisitive gaze of strangers, while by a little ingenuity the drive may be made sufficiently diversified, and of considerable extent. A botanic garden is also about to be constructed, and a plot of ground has already been selected for the purpose.

The interior of the house is divided into two general departments for patients of either sex, perfectly distinct from each other, and having separate staircases for each. On the ground floor are the rooms occupied by the Superintendent and Matron, together with the kitchen, laundry, and other offices ; and in addition to these are four rooms intended for the reception of noisy or violent patients, to which are attached a day-room, gallery, and bath. The second floor is accommodated for gentlemen, and contains two excellent parlours, a handsome billiard-room, and four bed-rooms ; these have also their appropriate gallery and baths. In a wing of the building on the same floor, are the sleeping apartments of the Superintendent and Matron, and also some rooms occasionally occupied by convalescents. On the floor above those of the male patients, are the apartments of the ladies, which are nearly similar in architectural arrangements to

those of the gentlemen, except that there is only one room used as a parlour, but which is a spacious and handsome one. The rooms immediately above those of the Superintendent and Matron are also occupied by ladies. On the highest floor is a similar suite of apartments inhabited by gentlemen. Each set of rooms, it will be thus seen, is furnished with its appropriate baths, douche, day-room and gallery. The galleries, it may be observed, are lofty and well ventilated, and carpeted in their whole extent, while the windows command delightful prospects of the surrounding country.

By arrangements such as have been described we are readily enabled to effect a complete classification of our Patients; to associate those who from similarity of tastes and habits may take pleasure in each others society; and to separate those who from greater eccentricities of character might annoy their companions, or who, from being regardless of the usual restraints of society, might disgust by their unpleasant habits. We are also enabled to devote at pleasure one, two, or even a suite of apartments for the private use of any Patient whose friends might require it. Every appearance of restraint is, as far as possible, removed. The windows are surrounded by ornamental balconies, which have rather an agreeable aspect, than otherwise; the upper sash, being a light iron frame, with panes of moderate size, is not guarded by any external barrier.

It would be far from appropriate in so general a report as this, to enter into a minute account of the treatment employed for the restoration of Patients, yet it may be briefly alluded to. From the intimate and well-known relation which exists between the faculties of the mind and the powers of the body, it will be readily understood that many cases of mental alienation will depend upon a morbid condition of one or more organs of the body, or at least upon their functional derangement; hence, it will be our object, by the application of topical remedies, or the exhibition of internal medicines, to restore to its normal condition the affected system. As the visits of the attending Physician are made daily, every unfavourable change is carefully watched, and every opportu-

ity of forwarding the recovery of the Patient as readily seized. Besides which, the residence of a medical man within the establishment, who is himself the friend and companion of the inmates, while it provides for every contingency, enables the attending Physician to obtain a more intimate knowledge of the character of the Patients, and the nature of the cases under his charge. But while, on the one hand, the medical treatment is thus provided for, that no less important agent which we may term "moral treatment" must equally be borne in mind. It will be hardly necessary to observe, that in the management of all cases, the utmost gentleness is employed, nor is harshness or severity of any kind ever permitted or allowed. There is at the same time such a degree of firmness exhibited as ensures the compliance on the part of the Patient, with such directions and prescriptions as may be given by the Physician.

As the subject of personal restraint is one which has of late been much discussed, I shall be excused in saying a few words regarding it. By one of those extravagancies so often observed when a reform upon any point is commenced, it has been proposed to abandon entirely what have hitherto been the usual modes of restraint. We do not mean to deny that the use of mechanical restraint may be liable to considerable abuse, or that it may not in a great measure be superseded by a moral influence obtained over the Patient; but we are much inclined to concur with the opinions expressed in several reports of Asylums at present in our possession. We shall quote the following from the Twentieth Report of the Dundee Royal Asylum, which may serve to embody our own opinions.

"The abuses which were prevalent in madhouses in this country many years ago, and which were so fully exposed in several publications, were, when generally known, calculated to arouse the minds of all to the enquiry, how far restraint of every kind might be done away with. There are probably some places in England where great improvements in the matter of restraint might still be made; but in the most of those which are well regulated, the restraint used is reduced to a

mere trifle. Some, we hear, have gone the length of laying it aside in all cases; but a regard to humanity imposes upon us the indispensable necessity of using some means of restraint to prevent the violence of a Patient from being fatal either to himself or attendants; and in others to use it as a method of cure to prevent the Patient from exhausting his strength by violent muscular exertion during a paroxysm, which, unless restrained, might end in fatal depression.

“There are paroxysms at times so violent that no moral influence can have any effect in alleviating them; on the contrary, they are heightened by the mere presence of an attendant. Besides these reasons, there are others which at times render restraint imperative; but as this report is for general and not professional perusal exclusively, we are obliged to withhold them from the public at large. Restraint may be either active or passive: In the former we have the patients and attendants perpetually struggling; in the latter we have the means of prevention and comparative tranquillity without loss of strength. We admit that an increase in the number of attendants must diminish the number under confinement by mechanical apparatus; but what we contend for is, that if the English lunatics, who are said to be ‘non-restrained,’ are like the Scotch, when in certain states of excitement, restraint cannot be dispensed with, in all cases, without positive injury. No matter how many attendants could be got, by night as well as by day, to hold with their hands, strive, and attempt to overawe lunatics labouring under furious, or any other kind of mania requiring restraint; from our experience we consider such a system to be neither safe nor proper, and not to be compared to one of a mild and passive nature. It is worthy of remark that there is at least one patient in this Asylum who has frequently felt and acknowledged the good effects of temporary restraint, and who, on the approach of the paroxysm, cries out lustily for the straps to be applied, to prevent mischief from being committed. Occasionally, all our patients are to be found perfectly free; and the very small number that we have at any time under mechanical confinement, is a proof that we

are not advocates for restraint, wherever it can be safely dispensed with. Seclusion, regulated according to circumstances, and attended with sufficient restraint to prevent mischief, we hold, in common with almost all who have had much experience in the management of the insane, to be the most effectual and the most humane means of allaying violent paroxysms. It is absolutely necessary also for the sake of the other Patients. A lunatic breaking out into a paroxysm among a number of other patients—not to mention the danger to which his violence may expose them—would, unless speedily removed, be the cause of others falling into the same state. From almost all the reports of other institutions with which we are favoured, we see that restraint, though used as seldom as possible, is yet considered at times indispensable; and from other information now before us, and to which we will not farther allude at present, we are convinced that what is called ‘non-restraint’ is a system that must injure the Patients of a certain class who are the subjects of it, as well as those in attendance upon them.”

Remarks equally pertinent, and equally deserving of attention, will be found in the 25th (the last) Report of the Glasgow Royal Asylum, and also in the 21st Report of the Asylum in West Riding, Yorkshire. We shall content ourselves with referring to them. The result of long observation and extended opportunities has convinced Dr. Smith that passive restraint is in many cases by far the most gentle and best adapted mode of subduing the violence of Patients labouring under a paroxysm. In this opinion I may be allowed to say I entirely concur, having on many occasions witnessed its effects. The means of restraint here used are chiefly gloves without divisions for the fingers, and the muff; in worse cases leathern straps, confined by a lock of simple and peculiar construction, are employed. It will be seen by the rules of our Institution, that no restraint is allowed to be used without the knowledge and consent of the Superintendent; the cases therefore in which it is to be employed, and the length of time it is to be continued, are entirely regulated by

him, thus obviating the risk of any thing like abuse on the part of the attendants.

One of the most important means employed for the restoration of Patients is perhaps "occupation," especially when it can be performed in the open air, and is of a kind which demands some degree of activity. It must be admitted however that Patients of the higher class are less easily employed than those who throughout life have been accustomed to the exercise of some manual labour; but as it is ever deemed a most favourable sign when Patients shew a desire to occupy themselves in whatever manner, every argument is used and every inducement held out to them to do so. Games of various kinds are provided, as bowls, billiards, bagatelle, lagraces, battle-door and shuttlecock, cards, chess, backgammon, &c. Books of general literature are selected, together with periodicals of various kinds. The newspaper day is always looked forward to with peculiar pleasure, and a constant demand is made on the circulating library to which we subscribe. The female Patients are perhaps less difficult to occupy and amuse. Worsted work, sewing, and music, which so constantly form a part of female education, here come to our aid. There are frequently Patients to be met with who will employ themselves in sewing and repairing that which they have themselves in a fit of mischief torn to pieces. Carriage exercise is used for the ladies, and those gentlemen who are too infirm to take exercise on foot. Frequent excursions are also made into the adjoining country by the gentlemen, who are accompanied by an attendant, and often by the Superintendent.

Amongst other sources of recreation and comfort, it must not be omitted to mention that afforded by their joining by invitation the Superintendent and Matron at meals. At these times they enjoy the utmost freedom; nor can any thing be detected in the conversation directed to them, or in the attentions paid to them, which could remind them of their peculiar position, or in any way distinguish them from other individuals. When it is deemed likely to be beneficial, and the consent of the friends has previously been obtained, Patients of either sex are here allowed to meet, care being

taken by the selection of the Patients that no impropriety can occur or any conduct take place which would not be permitted by the usual rules of society. Every little point of etiquette is at these times scrupulously observed, by which Patients may be reminded of their own self-respect, and of those social duties and mutual attentions which, on their return to the world, they will be expected to exercise.

There is perhaps nothing more calculated to be injurious, (and therefore nothing more important to obviate), than an impression frequently entertained by Patients that they are no longer responsible beings. When remonstrated with, they will occasionally say, "what is the use of talking, you know I'm mad." This feeling may be best obviated perhaps by habitually addressing every Patient as perfectly sane, and still farther by giving to Patients some individual charge. In some the administering of daily food to some favourite pet, though a trifling duty in itself, may be made instrumental in this way. Another very important means to the same end, is giving a Patient in some degree to the care and guidance of another of greater capacities. An instance of this is at present before me, where the greatest mutual advantage has resulted; the one irritable, and inconstant, though of a kind and obliging disposition, has taken under her care an old lady whose almost constant delight was to tear her clothes and those of her neighbours. The one is now happily engaged in managing her imbecile friend and leading her to knit and sew; while the latter, from the constant attentions of her more active companion, has commenced, as she herself says a "complete reform,"—sewing, knitting, attending divine service on Sundays, and on the whole conducting herself with the greatest propriety. To Patients of the clerical profession, we with the same end in view remind them of the benefit they may confer on their afflicted friends by their conversations and instructions, and which, from their experience and learning, they are so well fitted to give. We have thus on several occasions had the very gratifying sight of witnessing a Patient deliver at the request of the Chaplain a touching and appropriate address to his fellow Patients, and

officiating in his clerical capacity on several successive Sundays.

The advantages of society will have been anticipated from what we have already stated. Dinner is therefore placed on the tables in the general rooms, around which as many as can be induced, or are deemed fit, assemble. In general, the utmost good humour and sociality prevail, and as the Matron and Superintendent are always present in their respective departments at the hour of meals, no rudeness that might be offered by an unruly Patient towards a fellow is ever permitted, on pain of being obliged immediately to retire to their private apartments. The benefit to be derived from society has been particularly exemplified in one of our Patients lately. From the habitual violence of the individual alluded to, it was deemed necessary to seclude her entirely from the rest of the Patients, and owing to the fierceness of her disposition no female would accompany her out of doors, in consequence of which she rarely left her own apartments. At this time every attempt to soothe was instantly rejected; when food was offered to her, it was generally thrown at the person who conveyed it; she would not eat if any person remained in the room, and she usually attacked with whatever might be in her reach any one entering her apartments. Her habits, moreover, were daily becoming more dirty, and even loathsome. While in this state of mind she was one day induced, by a kind of stratagem, to accompany the Superintendent round the garden, where she appeared a little more gentle than usual, though when offered some fruit she immediately threw it at the donor. Partly by persuasion, and partly by force, she was soon after induced to take tea with the Superintendent and Matron. Her visits were repeated, and her walks soon became a source of pleasure to her, while the number of her acquaintances was gradually increased. By perseverance in this plan, a corresponding and most gratifying change has been observed. The greater part of her time is now spent in the public room, her meals are almost always taken there, and her walks are generally taken at her own request several times a-day. Instead of

going about in a slovenly state, she now is neatly dressed; and instead of being a terror to all around her, she is evidently regarded with a feeling of kindness and consideration by her fellow Patients. By frequently associating with others, her conduct has become far more gentle; and from the manner in which she treats those around her, she is evidently softened and improved. Her delusions however still remain as extravagant as ever, and from her advanced age, it is to be feared that in this respect little improvement can be looked for.

As far as it can be done, every attention is paid to the rank and position individuals have held in society previous to their illness, and every thing which might wound the feelings of a sensitive Patient avoided.

The advantages of attendance upon religious instruction have been so generally experienced in all similar establishments that they can scarcely now be subjects of discussion. The congregation mustered on Sundays is always a numerous one, and the arrival of the clergyman is looked forward to with the greatest pleasure by many. Even the most unruly are at this time quiet and well-behaved, and very rarely indeed is the public worship disturbed by any outbreak or impropriety. Three only are constantly absent from the Sunday worship,—one from unwillingness, another from being totally deaf and very old, and a third from being of a different religious persuasion. Their behaviour at this time is most orderly; and while some are truly engaged in devotion, others, incapable of appreciating the value of religion, seem nevertheless calmed by the air of solemnity which prevails. From observing this we have been led to read a portion of Scripture and a prayer every morning to the assembled Patients, the Superintendent performing that duty with the gentlemen, and the Matron with the ladies. These services have been gratefully acknowledged by some, and readily acceded to by all. From the undivided attention evidenced at these times, it suggested itself still farther that some intellectual amusement might be afforded to Patients, by which the same valuable end would be attained, of fixing their wandering thoughts, while at the same time the monotony of their lives would be relieved. For this purpose a popular lecture on

some subject of general interest appeared to us well calculated for the purpose. It is, therefore, proposed by the Superintendent to deliver a course of lectures on chemistry, to be illustrated by experiments, to which all may be admitted who are likely to derive pleasure from their attendance. And should his expectations in this respect be in any degree realized, it is also his intention to give a course of lectures on botany on a similar plan during the summer. These lectures will be given twice or three times during the week, as may be found desirable.*

There is one class of Patients to which, before closing these remarks, we shall beg leave more particularly to allude. There are those who, from the great eccentricity of their characters, or from the singularity of their habits, are themselves unfitted for society, while, from their unaccountable whims and caprices, their residence at home is a source of continual disquiet and discomfort to their friends. These Patients are often possessed, not merely of considerable mental intelligence, but also of such accomplishments as enable them to occupy themselves in the ordinary manner, and to enjoy, to a certain extent, the usual recreations afforded by music, reading, and other exercises. Besides, these, are others whose malady displays itself only at intervals, and who are not only perfectly satisfied of the propriety of residing in some such establishment as this, but will, on the approach of an attack, voluntarily retire to their private apartments, and in some instances even ask for restraint to be imposed. For Patients of either class we humbly conceive that such an establishment as ours is peculiarly adapted, and to these the ordinary restrictions of an Asylum are removed, and the greatest liberty permitted. We have at present two Patients who are in the frequent habit of visiting their friends, and corresponding with their nearest relatives, and who, accompanied by an attendant, are at liberty to extend their walks at pleasure into the surrounding country. These indulgences are, however, liable to be withdrawn at any time, should the Patient abuse his or her parole, or should their

* These lectures have already been commenced with the most gratifying success.

disease assume such a form as to render them undesirable. Patients of this description are always on terms of friendship with the Superintendent and Matron, and are regarded as forming a part of the family circle.

The foregoing remarks, though brief and imperfect, may suffice to give a general idea of the means we have at our command, and of the principles by which we are guided in the treatment of the insane. Their value will, however, be somewhat enhanced by the addition of the following tables, which, with the aid of Dr. Smith, I have been enabled to construct, from a reference to the House Journals during the last sixteen years.

W. H. LOWE, M.D. M.R.C.S.L.

*Pres. Med. Society of Edinburgh, and Resident Physician
of Saughton Hall Private Lunatic Asylum.*

TABLE I.

Number of Patients admitted from January 1824, to November 1840.

Of these	Male.	Female.	Total.
	61	39	100
Were cured	29	15	44
Removed improved	5	7	12
Removed unimproved	3	2	5
Died	10	6	16
Remain as incurable	7	6	13
Remain as curable	7	3	10
	61	39	100

TABLE II.

Species of Insanity.

	Male.	Female.	Total.
Mania (proper)	33	21	54
— with Epi- lepsy	2	0	2
— Puerperal	0	2	2
— with Cata- lepsy	1	0	1
Monomania (Hila- ris)	3	1	4
— (Melan- cholia)	8	5	13
— (Religi- osa)	5	9	14
Dementia	9	1	10
	61	39	100

TABLE III.

Causes of Death.

	Male.	Female.	Total.
Dysentery	0	1	1
Fever (Typhus)	0	1	1
General Palsy	3	0	3
Erysipelas	1	1	2
Pthisis Pulmonalis	1	2	3
Exhaustion	2	0	2
Apoplexy	1	0	1
Phrenitis	2	1	3
	10	6	16

TABLE IV.

Professions and Avocations.

Clergymen	3
Medical Men	5
Students	6
Merchants	13
Advocates	6
In the Royal Navy	2
In the Army	4
Bankers	2
Accountants	1
Writers	7
Of no Profession	11
	61

TABLE V.

Number of Months, during which those cured remained in the Asylum.

	Male.	Female.	Total.
2 Months . . .	1	0	1
3 — . . .	9	6	15
4 — . . .	4	0	4
5 — . . .	2	1	3
6 — . . .	8	4	12
7 — . . .	1	1	2
8 — . . .	1	2	3
9 — . . .	1	0	1
12 — . . .	1	1	2
14 — . . .	1	0	1
	<hr/> 29	<hr/> 15	<hr/> 44

TABLE VI.

Comparative number of married and unmarried.

	Male.	Female.	Total.
Single . . .	50	26	76
Married . . .	10	13	24
	<hr/> 61	<hr/> 39	<hr/> 100

TABLE VII.

Comparative ages of Patients on admission.

	Male.	Female.	Total.
Under 15 years	1	0	1
From 15 to 20 years	7	0	7
— 20 to 30	26	19	45
— 30 to 40	13	9	22
— 40 to 50	5	6	11
— 50 to 60	6	2	8
— 60 to 70	2	0	2
— 70 to 80	1	3	4
	<hr/> 61	<hr/> 39	<hr/> 100

TABLE VIII.

Assigned causes of mental alienation.

	Male.	Female.	Total.
Disappointment	2	2	4
Exclusive attention to religion	2	3	5
Doctrines of the "Rowites"	0	3	3
— of "Revivals" of religion	2	0	2
Pride . . .	3	3	6
Vanity . . .	10	1	11
Grief and loss of relatives	2	7	9
Terror . . .	0	1	1
Fear . . .	1	0	1
Love . . .	1	4	5
Self-reproach	1	3	4
Speculation . . .	1	0	1
No obvious cause	1	0	1
Over-study . . .	5	0	5
Sedentary habits	2	0	2
Embarrassed affairs	3	0	3
Dissipation . . .	6	0	6
Excessive early indulgence . . .	1	0	1
Climate and Coup de Soleil . . .	3	0	3
Gradual, and combined with palsy	2	1	3
Great fatigue . . .	1	0	1
Over-attention to business	7	0	7
Not ascertained	5	11	16
	<hr/> 61	<hr/> 39	<hr/> 100

Those known to be hereditary—

Male.	Female.	Total.
13	14	27

RULES AND REGULATIONS.

RESIDENT MEDICAL OFFICER.

1. He shall hold a degree of M.D., or a diploma as a qualified Surgeon from some British University, and shall be chosen for his professional acquirements, and general fitness for the management of an asylum.

2. He shall superintend the whole Establishment, regulating the business according to the rules of the Institution, in the manner best calculated to ensure the safety, comfort, and cure of every Patient.

3. When a Patient is admitted, he shall write down the case in the case-book, marking distinctly every circumstance communicated by friends, or learned by accurate investigation and repeated conversation with the Patients. In the same book he shall make daily reports, and insert the prescriptions of the attending Physician.

4. He shall carefully prepare the medicines prescribed by the attending Physician, but, except in cases of emergency, shall not himself prescribe. He shall however suggest whatever he may conceive likely to be of benefit to the Patients, either in a medical or moral point of view.

5. He shall visit, morning and evening, all the apartments and galleries, and shall note at these times whatever he may observe, in a book carried round for the purpose. He shall, in addition to these stated visits, repeat them at other hours, unknown to, and unexpected by the attendants. He shall also accompany the attending Physician in his daily visit.

6. He shall see that all the servants and attendants rise and go to bed at the hours prescribed by the regulations ; he shall pay the greatest attention to cleanliness in the persons, clothes, and apartments of the Patients.

7. During meals he shall frequently examine the different rooms, observe the state of the provisions as to cooking, cleanliness, and neatness, the conduct of the attendants, and the treatment of the Patients ; and every night he shall examine the house with the greatest care.

8. He shall engage, and, when he sees fit, dismiss the servants and attendants ; and shall with the utmost vigilance and impartiality observe their conduct, and that they obey the rules of the Institution. He shall check the slightest appearance of negligence or improper conduct, and with equal promptitude encourage those who steadily and faithfully discharge their duty.

9. During the day he shall be as little absent from the house as possible, and never leave it in the absence of the Matron, to whom he shall always give notice of the hour of his return. He shall not be absent during the night, except with the knowledge of the attending Physician.

10. He shall show the utmost kindness and gentleness to each Patient, and, by constant forbearance and attention to their individual comforts, endeavour to win the esteem and affection of all.

11. He shall assemble such Patients, as may be fit to attend, at a convenient hour of the morning, at which time he shall read a portion of Scripture and a prayer.

12. He shall not permit, except in cases of extreme urgency, any restraint to be imposed without his knowledge and consent, and he shall be particularly careful that such restraint be not continued longer than is absolutely necessary.

13. He shall pay the utmost attention to the quality of the food and general comfort of the Patients, and be ready to afford them every indulgence compatible with their health and the necessary discipline of the Establishment.

14. He shall see that the gates and doors are locked at eight o'clock in the winter, nine o'clock during the spring

and autumn months, and at ten in the summer ; and that the keys are brought to his room.

15. He shall cause a bell to be rung at six, eight, ten, and eleven o'clock in the morning, at one and two in the afternoon, and six, eight, and ten o'clock in the evening, during summer ; at half-past six, half-past eight, ten, and eleven o'clock in the morning, one and two in the afternoon, and at six, eight, and ten in the evening, in winter. During the spring and autumn months, the bell for locking the gates will be rung at nine o'clock P.M.

CHAPLAIN.

1. He shall be a Licentiate of the Church of Scotland.

2. He shall perform divine service every Sunday to such Patients as may be permitted to attend, together with the officers and servants of the Establishment.

3. He shall administer religious instruction and consolation to such of the Patients as may be pointed out by the Medical Superintendent.

4. Patients who are not members of the Established Church, may be attended by clergymen of their own persuasion, should this be deemed advisable by the Medical Attendants.

5. The service of the Church of England may be read, should any Patients express a desire to that effect.

MATRON.

1. The Matron shall exercise over the female servants and attendants a superintendence similar to that of the Superintendent over the males.—She shall frequently visit and examine the sleeping apartments of both male and female pa-

tients.—She shall have the power of engaging and dismissing the female servants.

2. She shall be responsible for the due performance of the duties of the kitchen, laundry, and wash-house, as well as for all other domestic duties of the Establishment.

3. She shall exercise the utmost vigilance and care towards the female Patients, and should she observe any change or peculiarity in any of them, immediately report it to the Superintendent.

4. In cases of sickness, she shall visit frequently such Patients as the Superintendent shall point out, whether male or female.

5. During the day she shall be as little absent from the House as possible, and never leave it in the absence of the Superintendent, to whom she shall always give notice of the hour of her return. She shall not be absent during the night except with the knowledge of the attending Physician.

6. Lastly, seeing how greatly the comfort and happiness of the Patients depend upon her constant surveillance, she shall endeavour, by her example, to infuse into those around her the same zeal and activity, and the same spirit of kindness and forbearance by which she herself is actuated.

SERVANTS AND ATTENDANTS.

1. The Attendants and Servants shall be appointed by the Superintendent and Matron, whom they shall obey as their master and mistress, under pain of immediate dismissal.

2. The Female Household Servants shall be engaged by the Matron, and be under her immediate direction and control.

3. The Household Servants shall hold no converse with the Patients, and any servant found guilty of this irregularity will be liable to immediate dismissal. Nor shall they enter the galleries, or that part of the House appropriated to Patients.

4. The Servants and Attendants shall be strictly enjoined not to mention the names of Patients, or give any information regarding them to persons not residing in the House.

5. The duties of the Female Attendants shall be exclusively confined to the galleries and apartments of the ladies, and they shall not assist the household servants, unless by the express direction of the Matron.

6. In like manner the Male Attendants shall perform the whole duties required in that division of the House appropriated to male Patients.

7. The Servants and Attendants shall in no case absent themselves from the House, except with the permission of the Superintendent or Matron, and shall be punctual in their return at the hours specified to them.

8. They shall rise at six o'clock in the morning, from the 1st of April inclusive, to the 30th of September, and at half-past six o'clock from the 1st of October to the 31st of March inclusive, and shall retire to bed precisely at ten o'clock.

9. The Attendants shall strictly observe the rules furnished to them regarding Patients, and when a deviation shall appear necessary, they shall give notice to the Superintendent or Matron.

10. No Attendant shall strike or otherwise ill-treat a Patient, under pain of instant dismissal; nor shall a Patient be subjected to restraint or privation of any kind without the express directions of the Superintendent.

11. Besides the regulations specified in the foregoing rules the Servants and Attendants shall obey every command of the Superintendent and Matron, which, from time to time, they may see fit to give.

INSTRUCTIONS.

TO MATRON.

1. She shall be amenable to the General Rules and Regulations of the Establishment.

2. She shall be frequent in her visits to the ladies, associating as much as possible with those who are likely to be benefited by her company, or to derive pleasure from it, or such as the Superintendent may point out to her.—She shall join in their amusements, and endeavour to promote their comfort and happiness in every possible manner.

3. She shall suggest and provide such descriptions of employment as may seem calculated to please and interest the different Patients, and report to the Superintendent when she conceives that it would be desirable to introduce any new employment.

4. She shall on no occasion allude, nor encourage the Patients to allude, to their disease, delusions, or misfortunes ; but if these subjects should be introduced in conversation, she shall meet them by calm reasoning and forbearance.

5. She shall place all letters or manuscripts that may be written by Patients in the hands of the Superintendent, and from time to time state to him her own observations and views as to the condition of the different Patients.

6. She shall keep correct lists of the furniture, linen, and other articles, and shall see that the bedding and clothes are kept in a state of complete repair.

7. She shall mark in a book kept for that purpose, all the provisions and necessaries ordered and received by her, as also the money received or expended by her.

8. She shall observe the general conduct and capabilities of the Female Attendants, and report to the Superintendent accordingly.

9. She shall visit all parts of the house immediately after

breakfast, satisfy herself that the household duties have been properly performed, and that the galleries and sleeping apartments are clean and well arranged.

10. She shall attend at the hour of meals, see that Patients conduct themselves with propriety, that the food is of good quality, and served up in a proper manner.

11. She shall receive the clothes and other property which Patients may bring with them to the Asylum, making an inventory of the same, and shall be responsible that these articles be returned to the friends of Patients, on death or removal.

12. She shall see that bed, table, and body linen, are provided according as they may be required.

13. She shall attend when female Patients are put into the bath, and shall be present during the time they are undressing, as often as possible.

TO HOUSEKEEPER.

1. She shall be amenable to the General Rules and Regulations of the Institution.

2. She shall be expected to observe and exercise control over the moral deportment of the servants in her department, and from time to time report to the Superintendent any impropriety she may observe.

3. She shall be prepared to give a correct account of the linen, clothes, and other articles in her charge.

4. She shall assist in the distribution of the food, and be present with the ladies at the hour of meals in the public room.

5. She shall see that the linen given out to wash is duly and regularly returned, and that the clothes belonging to Patients are properly repaired.

6. During the necessary absence of the Matron, she shall have the entire charge of the domestic concerns, and execute with care whatever duties she may have entrusted to her.

TO ATTENDANTS.

1. Such of the Attendants as shall discharge their duties in a manner entirely satisfactory to the Superintendent, shall receive from him such additional gratuity as he may think fit to give.

2. Considering how much the cure of a Patient may be advanced by the constant care and judicious treatment of the Attendants, a reward of one pound shall be given to the Attendant for every cure made under his or her charge.

3. The female Attendants shall not enter the galleries or apartments of the male Patients, nor shall the male Servants enter those of the Ladies, except when accompanied by the Matron or Superintendent.

4. The Attendants shall exercise the utmost vigilance, and shall never leave their posts on any pretence whatever, unless a responsible person be left during their absence.

5. The Attendants shall be entrusted with keys of the galleries and bed-chambers, which they shall constantly bear, and shall on no pretence lend them, or permit them to pass from their possession.—Any Attendant guilty of negligence in this particular will no longer be deemed trustworthy.

6. They shall carefully close all doors behind them, however frequently they may have occasion to pass through them.

7. The female Attendants shall on no pretence leave the public room while occupied by Patients, nor permit Patients to go beyond their sight while walking in the garden. The male Attendants, in like manner, shall on no pretence leave the airing grounds while occupied by Patients. There shall be at least one Attendant in each gallery.

8. The Attendants shall immediately inform the Superintendent or Matron of any change which may occur, or of any peculiarity they may observe in any Patient.

9. They shall be scrupulously attentive to the cleanliness of the Patients committed to their charge, and shall be particular in administering the medicines prescribed, or giving the bath to those Patients for whom it may have been ordered.

10. They shall not be permitted to ridicule or otherwise irritate the feelings of a Patient ; but while they act with becoming firmness, shall treat with equal tenderness those who give the most and the least trouble.

11. They shall be strictly enjoined not to mention the names of Patients, or give any information regarding them to persons not residing in the House.

12. They shall not accept of any gratuity from a Patient, or carry messages for them without the knowledge of the Superintendent.

13. They are expected to be neat in their dress, and polite and respectful in their manners both to the Patients and the Officers of the Establishment.

14. For impertinence to superiors, intoxication, gross disobedience of rules, or harshness to Patients ; for absence from the Asylum beyond established hours or the time granted them as leave, the Attendants will be dismissed without warning, his or her wages being paid up to the day of dismissal.

15. The male Patients shall be shaved, washed, and have their clothes changed as often as may be necessary ; and equal attention shall be paid to the personal comfort of the female Patients by those who have the charge of them.

16. If any attendant permit a Patient to escape, he or she shall be fined L.1.

17. They shall, at seven in the summer, and eight in the winter, raise the Patients from their beds, examine their bodies carefully, wash and clothe those Patients who are themselves unable to do so, and be responsible that all under their charge are cleanly and neatly attired.

18. They shall attend the Patients at their meals, and see that they eat neatly and according to the ordinary usages of society, feeding such as may be unable to feed themselves. They shall in no case force Patients to take food, unless by the express orders, or in the presence of the Superintendent.

19. They shall see that the galleries and apartments are kept clean and well ventilated.

20. In case of Patients being of dirty habits, they shall see that the cloths and mattresses are removed, and that per-

fectly clean and dry bedding is provided the same evening. Such Patients shall be washed every morning in a tepid bath, and carefully dried and clothed.

21. No smoking shall be allowed in any part of the house. The male Attendants shall not loiter in the laundry or wash-house, and only go there for necessary purposes.

22. They shall engage the Patients, at such hours as may be determined upon by the Superintendent, in walking, amusements, and appropriate occupations, according to the inclinations of the Patients and directions of the Superintendent, taking care that their minds be not excited, nor their bodies exhausted.

23. The Patients, whether male or female, shall be ready for walking or other amusements, at ten o'clock.

24. At eight o'clock in the winter, and at nine in the summer, they shall see that the Patients be comfortably put to bed, that all dangerous articles of furniture be removed from the sleeping apartments, the lights and fires carefully extinguished, and the doors locked.

25. No Attendant shall leave razors, knives, scissors, or other similar articles, in the galleries or apartments. The female Attendants shall wear their scissors attached to their sides.

26. They shall not permit any dishes, cups, remnants of meals, &c., to remain in the galleries after meals, but shall immediately remove them to their proper place after use.

27. They shall accompany the Patients in their attendance on divine service, at which time they shall be neatly dressed, and endeavour to maintain decorum.

28. No Attendant shall be allowed to introduce any books or newspapers of any kind into his or her gallery, without the knowledge of the Superintendent. All letters written by Patients, must be placed in the hands of the Superintendent.

29. When it shall appear necessary to deviate from those rules, or where a case is not provided for, they shall receive special directions from the Superintendent.

GENERAL RULES.

1. Strangers desirous of visiting and inspecting SAUGHTON-HALL ASYLUM may do so on applying to the Attending or Resident Physician, but shall on no account be allowed to see the Patients.
2. Visitors, while viewing the House, shall be always accompanied by the Attending or Resident Physician, or Matron.
3. All letters or other communications addressed to Patients, or written by them to their friends, must be submitted to the Attending or Resident Physician, except where special permission to the contrary has been obtained.
4. The friends of Patients can only be allowed to visit their relatives with the permission of the Attending or Resident Physician.
5. No person shall be permitted to bring into the House, or carry out of it, any article for a Patient, without the knowledge of the Resident Physician or Matron.
6. Convalescent Patients to have free, unrestrained, and unwatched intercourse with their friends or guardians.

